



COUNTY OF LOS ANGELES & DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH - PLAN CHECK PROGRAM
5050 Commerce Drive, Baldwin Park, CA 91706-1423
(626) 430-5560 & www.publichealth.lacounty.gov/eh



FOOD CONSTRUCTION PLAN APPLICATION FORM
3 sets of plans are required ♦ Incomplete applications will not be processed

PERSON SUBMITTING: _____ TITLE: _____ PHONE: _____

BUSINESS CLASSIFICATIONS (CHECK ONE):

☐ RETAIL

☐ WHOLESALE

☐ **FOOD MARKET** ☐ **FOOD MARKET COMPLEX**
☐ **PREPACKAGED FOODS ONLY** ☐ YES ☐ NO
*NO DRINK DISPENSING, BULK FOOD, CUT PRODUCE

☐ 11 - 50 Sq. Ft. \$ _____
☐ 51 - 1999 Sq. Ft. \$ _____
☐ 2000 - 5999 Sq. Ft. \$ _____
☐ 6000 Sq. Ft. or MORE \$ _____

RESTAURANT, BAKERY, IN-PLANT FEEDING

☐ 0 - 60 Seats \$ _____
☐ 61 - 200 Seats \$ _____
☐ 201 or MORE Seats \$ _____

WHOLESALE FOOD PROCESSING OR CATERING

☐ 11 - 50 Sq. Ft. \$ _____
☐ 51 - 1999 Sq. Ft. \$ _____
☐ 2000 - 5999 Sq. Ft. \$ _____
☐ 6000 Sq. Ft. or MORE \$ _____

☐ **FOOD WAREHOUSE** \$ _____

♦ **PREPACKAGED FOODS ONLY** ☐ YES ☐ NO
*NO RE-PACKING, SORTING, ETC.

♦ **ASSOCIATED W/ PROCESSING PLANT:** ☐ YES ☐ NO

☐ **FOOD SALVAGER** \$ _____

REMODELING OF CURRENTLY OPEN FOOD FACILITY WITH VALID PERMIT/LICENSE

****PROVIDE COPY OF HEALTH PERMIT/LICENSE****

LESS than 300 sq. ft. ☐ YES \$ _____
☐ NO \$ _____

****Mark appropriate business classification box to the left****

Describe extent of remodeling: _____

MISCELLANEOUS (i.e., additional plan reviews or inspections, site or equipment evaluations): \$ _____

Reason for additional fees incurred: _____

ANSWER THE FOLLOWING QUESTIONS

New food facility ☐ YES ☐ NO

New owner of business ☐ YES ☐ NO

Approximate date business closed _____

New building construction after 1/1/04 ☐ YES ☐ NO

Re-usable tableware ☐ YES ☐ NO

Plans for on-site consumption of alcoholic beverages, either now or future ☐ YES ☐ NO

Maximum # male employees per shift _____

Maximum # female employees per shift _____

	NAME	COMPLETE ADDRESS	PHONE
Food Business			
Business owner/operator			
Architect/Contractor			

OWNER/REPRESENTATIVE DECLARATION: I understand the amount of fee paid is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**. The fee paid is based on my declaration of the business classification indicated above. If this declaration is incorrect, I understand that the plans will not be reviewed until the correct fee is paid. I also understand that plans shall be reviewed within 20 working days after receipt of payment and the **REVIEWED PLANS (WHETHER APPROVED OR NOT) ARE VALID FOR ONE YEAR. FINALLY, I UNDERSTAND PLANS MUST BE APPROVED PRIOR TO COMMENCING CONSTRUCTION OR INSTALLING ANY EQUIPMENT AND IT IS A MISDEMEANOR VIOLATION TO BEGIN OPERATION WITHOUT A FINAL INSPECTION, APPROVAL, AND VAILD HEALTH PERMIT.**

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

CONTACT OFFICE	PAYMENT	PLAN CHECK NUMBER
	Fee paid: _____ Receipt no.: _____ Check no. or cash: _____ Date paid: _____ / _____ / _____ Cashier's initials: _____	____ / ____ / ____ --- ____ / ____ / ____ COMMENTS:

WHITE/Plan Check * PINK/Districts * YELLOW/Customer * BLUE/Clerk